



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

Sick and Safe Leave Verification

Per company policy concerning the use of Sick and Safe Leave for more than three (3) consecutive days, I am providing verification that my use of Sick and Safe Leave is/was for authorized purposes.

I, _____, attest that I used Sick and Safe Leave for authorized reasons on the following date(s):

Date	Start Time (indicate AM or PM)	End Time (Indicate AM or PM)	Total Hours Used	Type of Leave (Sick or Safe)

I understand that knowingly providing false information about the use of Sick and Safe Leave could result in adverse employment consequences.

Employee Signature

Date